

California Regional Water Quality Control Board
Central Valley Region

REPORT OF WASTE DISCHARGE FORM
FOR
EXISTING MILK COW DAIRIES

DAIRY FACILITY INFORMATION

- A. NAME OF DAIRY OR BUSINESS OPERATING THE DAIRY FACILITY: _____
ADDRESS OF FACILITY: _____
Number and Street City Zip Code
STREET AND NEAREST CROSS STREET (IF NO ADDRESS): _____
COUNTY: _____
COUNTY ASSESSOR PARCEL NUMBER(S) FOR DAIRY FACILITY: _____
COUNTY ASSESSOR PARCEL NUMBER(S) FOR CROPLAND: _____
- B. OPERATOR NAME: _____ TELEPHONE NO: _____
ADDRESS OF OPERATOR OF DAIRY: _____
Number and Street City Zip Code
- C. NAME OF LEGAL OWNER OF THE DAIRY PROPERTY: _____
ADDRESS OF LEGAL OWNER OF FACILITY: _____
Number and Street City Zip Code
CONTACT PERSON: _____ TELEPHONE NO: _____
- D. PERSON TO RECEIVE REGIONAL BOARD CORRESPONDENCE (CHECK): ____OWNER ____OPERATOR ____BOTH

SIZE OF THE DAIRY OPERATION

- A. NUMBER OF ANIMALS:
INDICATE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF ANIMALS CURRENTLY AT YOUR DAIRY:
MILKING COWS: _____ DRY COWS: _____ BREED: _____
HEIFERS: _____ CALVES: _____
CURRENT TOTAL NUMBER OF MATURE COWS (MILKING + DRY): _____ (THE ANNUAL FEE IS BASED ON THIS NUMBER)
MAXIMUM TOTAL NUMBER OF MATURE COWS (MILKING + DRY) PRESENT IN LAST 12 MONTHS: _____
- B. OTHER TYPES OF COMMERCIAL ANIMALS:
INDICATE THE NUMBER, TYPE, AND BREED OF OTHER COMMERCIAL ANIMALS AT YOUR FACILITY IN THE PAST 12 MONTHS:
NUMBER: _____ TYPE: _____ BREED: _____

WASTE PRODUCTION AND REUSE

- A. WASTE GENERATION:
APPROXIMATELY HOW MANY GALLONS OF NEW WASTEWATER (I.E., MILK BARN WASH WATER, FRESH (NOT RECYCLED) CORRAL FLUSH WATER, ETC.) DO YOU PRODUCE DAILY?
_____ GALLONS/DAY
- B. WASTE REUSE:
DO YOU APPLY WASTEWATER TO CROPLAND THAT IS PART OF YOUR DAIRY FACILITY? ____YES ____NO
IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM? ____YES ____NO
DO YOU APPLY SOLID MANURE AND/OR BEDDING TO CROPLAND? ____YES ____NO
IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM? ____YES ____NO

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DO YOU APPLY BIOSOLIDS, WHEY OR OTHER WASTE TO CROPLAND? _____ YES _____ NO

IF THE ANSWER IS YES, DOES THIS CROPLAND HAVE A TAILWATER RETURN SYSTEM? ____ YES ____ NO

APPROXIMATELY HOW MANY TOTAL ACRES OF CROPLAND UNDER YOUR CONTROL DO YOU APPLY SOLID MANURE AND/OR BEDDING AND WASTEWATER TO? _____ ACRES

WHAT CROPS DO YOU GROW ON THIS CROPLAND? _____

C. WASTE REMOVAL:

DO YOU TRANSFER SOME OR ALL OF YOUR SOLID MANURE AND/OR BEDDING TO OTHER PERSONS? ____ YES ____ NO

IF THE ANSWER ABOVE IS YES, APPROXIMATELY HOW MUCH (CUBIC YARDS OR TONS) SOLID MANURE AND/OR BEDDING IS TRANSFERRED TO OTHER PERSONS ANNUALLY?

_____ CUBIC YARDS/YEAR OR _____ TONS/YEAR

ADDITIONAL INFORMATION

A. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL INDUSTRIAL STORM WATER PERMIT:
HAVE YOU SUBMITTED A NOTICE OF INTENT (NOI) TO COMPLY WITH THE STATE WATER RESOURCES CONTROL BOARD'S NPDES GENERAL INDUSTRIAL STORM WATER PERMIT? ____ YES ____ NO

B. CALIFORNIA DAIRY QUALITY ASSURANCE PROGRAM (CDQAP) CERTIFICATION:
IS YOUR DAIRY CERTIFIED UNDER THE CDQAP'S ENVIRONMENTAL STEWARDSHIP MODULE? ____ YES ____ NO

IF SO, WHEN WAS IT CERTIFIED? _____

C. EMERGENCY RESPONSE PLAN:
DO YOU HAVE A WRITTEN EMERGENCY RESPONSE PLAN FOR YOUR DAIRY? ____ YES ____ NO

D. PREVIOUS SUBMITTAL OF REPORT OF WASTE DISCHARGE
HAVE YOU PREVIOUSLY SUBMITTED A REPORT OF WASTE DISCHARGE? ____ YES ____ NO

IF SO, WHEN WAS IT SUBMITTED? _____ FACILITY NAME USED: _____

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF OWNER OF FACILITY

SIGNATURE OF OPERATOR OF FACILITY

PRINT OR TYPE NAME

PRINT OR TYPE NAME

TITLE AND DATE

TITLE AND DATE